Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

HCA-0054 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 (X4) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 000 INITIAL COMMENTS On January 27, 2015 the Department of Health, Health Regulation and Licensing Administration received a complaint from the DC Long Term Care Ombudsman Program office, on behalf of the complainant regarding the care and treatment his/her father received from VMT Home Health Care agency. Due to the nature of the complaint, an investigation was initiated on February 2, 2015. The findings of the investigation were based on interviews, and record reviews.				A. BUILDING	-		
VMT HOME HEALTH AGENCY 901 1ST STREET NW WASHINGTON, DC 20001 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 000 INITIAL COMMENTS On January 27, 2015 the Department of Health, Health Regulation and Licensing Administration received a complaint from the DC Long Term Care Ombudsman Program office, on behalf of the complainant regarding the care and treatment his/her father received from VMT Home Health Care agency. Due to the nature of the complaint, an investigation was initiated on February 2, 2015. The findings of the investigation were based on interviews, and record reviews.			HCA-0054	B, WING			
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Allegation #1. Patient #1 was receiving nome health aide service from VMT Home Health agency and the Patient's residence was untidy and in disarray. Review of Patient #1's clinical records, which included home health aide, skilled nursing and social worker notes, failed to evidence that the Patient's environment was untidy and in disarray. Interviews conducted with the home care aide revealed he/she provided home services, eight (8) hours a day, six (6) days a week from 4:00 p.m. to 12:00 a.m., to assist with personal care and activities of daily living to include light housekeeping. Interview with the social worker revealed he/she would visit the home monthly, and the home was always found to be tidy. Interview with Patient #1's family member (identified in the record) revealed he/she was at Patient #1's apartment shortly after his/her death, and did not see the apartment untidy or in disarray. Findings: On February 2, 2015 at approximately 10:00 a.m., a visit was conducted at the home		On January 27, 2015 the Department of Health, Health Regulation and Licensing Administration received a complaint from the DC Long Term Care Ombudsman Program office, on behalf of the complainant regarding the care and treatment his/her father received from VMT Home Health Care agency. Due to the nature of the complaint, an investigation was initiated on February 2, 2015. The findings of the investigation were based on interviews, and record reviews. Allegation #1: Patient #1 was receiving home health aide service from VMT Home Health agency and the Patient's residence was untidy and in disarray. Review of Patient #1's clinical records, which included home health aide, skilled nursing and social worker notes, failed to evidence that the Patient's environment was untidy and in disarray. Interviews conducted with the home care aide revealed he/she provided home services, eight (8) hours a day, six (6) days a week from 4:00 p.m. to 12:00 a.m., to assist with personal care and activities of daily living to include light housekeeping. Interview with the social worker revealed he/she would visit the home monthly, and the home was always found to be tidy. Interview with Patient #1's family member (identified in the record) revealed he/she was at Patient #1's apartment shortly after his/her death, and did not see the apartment untidy or in disarray.					

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING	J		C
		HCA-0054	B. WING			3/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
I VIVIT HUIVIE HEALTH AGENCY		STREET NW STON, DC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
	which included hon and social worker in determine if there wissues. The Patien Health Agency on Mon February 2, 201 the home health aid assigned to the Patisix days a week from The home health aid would come to work request to give persother activities of day housekeeping, and Patient including ket The home health aid Patient spends most wheelchair and prefix in a reclining position. Review of the Social Manager) notes fails environment was unrebruary 4, 2015, a interview was conducted that he social Workers Patient on a monthly apartment untidy and On February 5, 201 with the next of kin I revealed that he/she apartment shortly at next of kin further state apartment untidy. Conclusion: This allows the social workers apartment untidy.	ne health aide, skilled nursing, notes, was reviewed to vere any health and safety it was admitted to VMT Home November 22, 2011. 15 at 2:00 p.m. interview with the revealed that, he/she was sient for eight (8) hours a day, in 4:00 p.m. to 12:00 p.m. ide also stated that he/she is conal care and to assist in aily living to include light he/she gave good care to the reping the residence clean. It is defurther stated that the set of the day in his motorized fers sleeping in his wheelchair on. All Worker (EPD Waiver Case and to reveal the Patient's living intidy and in disarray. On the 1:35 p.m., a telephone fucted with the Social Worker, stated that he/she visits the years and never saw the indicator in the clinical record as was at the Patient's fer the time of death. The stated that he/she did not see ye or in disarray.	H 000			
	Allegation #2: Patier	nt was receiving home health				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
ANDILAN	TOF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMP	PLETED
		HCA-0054 B. WING 02		C 03/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, S	STATE, ZIP CODE		
VMT HO	ME HEALTH AGENC	Y	STREET NW			
VIII.1 110	INC HEACHT AGENC	WASHING	GTON, DC 20	0001		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
H 000	Continued From pa	age 2	H 000			
	aide service from N Patient's hygiene w Patient developed	/MT Home Health and the /as poor to the extent that the				
	review of the home that the Patient was occasional sponge home health aide op.m., revealed that in bathing except for he/she assisted the	health aide notes revealed is showered almost daily with baths. Interview with the in February 2, 2015, at 2:00 the Patient was independent or hard to reach areas and e Patient with his baths on a er saw ulcers in the Patient's				
	interview with the p that the Patient did but had an excoriat which could be attri physician further sta this to the Home He treatment required	5, at 1:50 p.m., a telephone hysician from NIH revealed not have ulcers in the groin ion at the base of the scrotum, buted to prolong sitting. The ated that he/she did not report ealth Agency and the only was the application of some h his office administered.				
	with the next of kin revealed that he/shor unkempt. The ne	5, at 10:45 a.m., interview listed in the clinical record e never saw the Patient untidy ext of kin further stated that le took good care of the				
	Conclusion:This alle	egation was unsubstantiated.				
	Allegation #3: After Patient's property w	the Patient had expired, the as stolen.				
	February 2, 2015, a	with the home health aide on t 2:00 p.m., revealed that the the home health aide a key to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		HCA-0054		40	02/0	3/2015
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
VMT HO	ME HEALTH AGENCY	·	TREET NW TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
H 000	his/her tour of duty, stated that the key who arrived on the sbefore the aide left. On February 5, 201 with the next of kin revealed that he/she apartment shortly as not find any of the F	ow the aide entry during The home health aide further was handed to the detective scene following the 911 call	H 000			

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